DEPARTMENT OF HOMŒOPATHIC PHILOSOPHY

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DISCUSSIONS OF THE THEORY AND PRINCIPLES OF HOMŒOTHERAPEUTICS AND RELATED MEDICAL TOPICS.

ON THE CURABILITY OF CANCER.

While discussions of cancer and the "cancer problem" occupy much space in both the medical and lay press, the homœopathic wing of the profession seems to take little part in them. For the most part homœopathic physicians are silent—much more so than in the old days, when some of them fought valiantly for their principles as applied in the exclusively medicinal treatment of this dread disease and made their showing of successful results.

There must be good reasons for this ominous silence on a subject of such vital importance. What has come over the "homœopaths" to cause them to retire from the field in which there is so much general activity? Are they tired of controversy? Is it, perchance, an admission of defeat—a surrender to overwhelming forces of opposition and attack? Is it a confession that Homœopathy is inadequate to deal successfully with cancer?

Is it just a phase of the general apathy, discouragement and decline of interest in applied homœotherapeutics?

Or is it fear of the heavy hand of Official Medicine as recently exercised by its national organization in certain cases where individual members have braved its inquisitorial terrors, been excommunicated and suffered all the penalties thereby involved?

It is only a short time since one of the oldest and most eminent physicians in the United States, recognized for more than a quarter of a century as a leader and as one of the greatest authorities and writers on cancer in the world, was suddenly removed from all his society, official and institutional relations, deprived of his consultation rights, his honors and emoluments and was ostracized—all because he had dared publicly to oppose the surgical treatment of cancer and denounce the propagandist campaign then and still in progress to extend it.

Others under inquisition for having used the Koch cancer anti-

toxin have averted the extreme penalty only by complete and abject submission obtained by compulsion involving a renunciation of their rights to use, advocate or advise that or any remedy or measure of treatment condemned by the official body. The latest of these just reported, is a surgeon of very high standing in a Southern city.

Is this the reason why homœopathic physicians, many of whom are members of the American Medical Association, are taking no part in the discussion of cancer, nor advocating treatment by homœopathic medication?

> It is quite true that "Cancer" is incurable. But that is a long way from saying that "The Cancer Patient" is incurable. There is a vast difference between the two terms and the mental and physical states they represent.

Public and profession alike have so long been blinded and confused by crude, materialistic ideas about disease in general and cancer in particular, that they have lost the power of discrimination between a disease and its end products. The theory of the local nature and existence of cancer has been held so long and so tenaciously that it is exceedingly difficult to get a hearing for the long recognized (in part) but newly demonstrated truth. A partial synthesis or consensus of the more advanced views, old and new, on the nature and causation of cancer may be stated as follows:

(1) That cancer is a **constitutional, or molecular and cellular blood disease**, of which the ultimate local or tangible manifestation in the form of a mass or tumor is merely a result, a secondary product of the morbid process.

(2) That cancer, or malignancy, broadly speaking (without analyzing it in detail with all that is involved therein), is a **disease of metabolism**, resulting primarily from deficient oxygenation and an excess or deficiency of certain chemico-vital elements *derived from food*, giving rise to a toxemia of germ production which changes still further the body chemistry and lowers vital resistance to the toxin and the germ that produces it, and leads, through an inadequate protective effort, to the production of the abnormal cells of which the ultimating tumor is composed.

(3) That the originating germ naturally, therefore, has its general habitat in the digestive system, especially in the large intes-

tine, but also in other anaerobic localities, and that the localization of the disease is influenced by hereditary or acquired predisposition and by traumatism.

When even this much is recognized as fact and accepted as truth, it immediately becomes obvious why local or mechanical treatment of cancer is of no avail and must always fail, since it does not touch the real disease at all. When it is seen that we have to deal primarily with disordered functions, with a morbid vital-dynamical process, capable of being acted upon and changed by homœopathic medicines when we know how to use them, the cancer case does not seem quite so hopeless as it does when we think of it only as a malignant growth or tumor.

> *That the treatment and cure of cancer is definitely within the scope and possibilities of homœopathy, has long been known and proved.*

The real indications should be clear for every intelligent, well-read and technically competent homœopathician. They are, first, to correct the faulty metabolism by eliminating injurious articles of diet and providing food that will supply the necessary elements of nutrition in adequate amount; and second, to prescribe skillfully the medicines which are demanded under the universal therapeutic principle of Reciprocal Action, guided by symptom-similarity. These being fulfilled, one may be fully assured that curative results will follow, the rapidity and completeness of which will be exactly proportionate to the skill of the prescriber and the degree of susceptibility of the patient.

Cure and curability, like health and disease, are abstract relative terms. There is no such thing as absolute health, absolute disease, absolute cure or absolute curability. All are relative, all are matters of degrees, all are conditional. Failure to recognize this fact is responsible for the greater part of the failures in medicine and surgery, and for all the false, injurious and deceptive methods and measures by which the sick have been and are still being treated. And this applies to homœopathy as well as to all other methods of treatment.

Such a statement is likely to shock some "homœopaths," and that is precisely the reason why it is made. They need to be shocked out of their apathy and complacency with things as they are, including themselves, and led to do some clear thinking.

I am not saying that absolute or complete cure is not a worthy ideal for any physician to hold, but merely that in the nature of things it is only an ideal, not an actuality, which, like all other ideals must remain forever just beyond our reach.

The worst thing that could happen to any of us, if it were possible, would be the full attainment of our ideals. The very essence and value of a true ideal is that it is always ahead of us, something to be striven for. It moves ahead of us as we move

toward it, always beckoning us on to renewed efforts, but always eluding our grasp. Without ideals there would be no progress.

In spite of the fact that true ideals (there are false ones) are never attained, one cannot, in reflecting upon the curability of cancer, but feel a thrill of pleasure when some worker, in the genial glow of exuberance over medicinal cures which he has effected, or thinks he has effected, bravely bursts into print, and tries to tell the world all about it. One may criticize his method, doubt the accuracy of his observations, doubt his diagnosis, doubt his interpretation of phenomena, doubt the completeness and permanency of his results, and still admire his courage and enthusiasm and feel happier over the prospect and possibility of cure which he has thus again brought to our attention.

Optimism as thus displayed is (fortunately) infectious as well as the pessimism inherent in the "radical" treatment by surgical and mechanical measures now so much in vogue. The unfortunate thing about it is that there are so few "carriers" of this wholesome and sanative infection. One feels that health might be infectious as some diseases are, if it had half a chance.

> So in these days of bacteriological and serological obsession; of increasing publicity and forceful propaganda intended to terrify and drive the people into the hands of "orthodox medicine" and the surgeons, one hails with joy even a small rift in the clouds of pessimism through which we get a glimpse of the bright blue sky beyond.

Paragraph continued... "But hold," protests some one, "why characterize all this as pessimistic? Are not the surgical promoters of the 'Cancer Campaign' optimistic? Do they not hold out hope to the afflicted? Are they not constantly urging, almost compelling, the people to go at once to the surgeon on discovering a mole, a lump, a swollen gland, or what not, and be operated? Are they not continually emphasiz-

ing the necessity for "early and radical" treatment of such things? Do they not thereby promise or imply that cure will result?

I mean exactly what I say when I charge that the real basis of all these surgical pleadings and urgings and compellings is a hopeless pessimism, a confirmed but concealed belief that cancer is incurable, and that in recommending resort to the knife as "the only hope" (with an implied promise of cure) they belie their own statements and hold out a false hope. They know full well that surgery alone never cures cancer; that it merely removes the external, tangible products of the cancer disease and leaves untouched the disease itself; that this invariably reappears

either in its original or in some other form, if the patient does not die of the operation.

The hope surgeons hold out is nothing but the hope of palliation, of temporary relief. Pin them down and they will either admit it, evade it, or (some of them) lie about it. They dare not hold out a promise of cure, and, to give credit where it is due, no reputable surgeon ever does make any such promise. All he does at most is to hold out a hope. If the patient misunderstands (as he usually does) and thinks cure is meant, the surgeon, as a rule, does not permit himself to feel that he is at fault for not destroying hope. If he does not know anything better than surgery, who can blame him?

How does the public react to this attitude and policy of the dominant profession; to all this publicity and propaganda for surgery in cancer?

It appears to me, as well as to some other observers, that the principal result of the nation-wide cancer publicity campaign, inaugurated a few years ago and vigorously pushed ever since, has been to bring about a sort of "Reign of Terror." Certainly the public has not flocked to the surgeons with its "moles, warts and lumps" in any such increased numbers as they expected and hoped.

On the contrary, and quite in accordance with the laws of psychology, a very large proportion of those who were led to believe they had potential cancer or precancerous symptoms, have become more afraid of the medical profession in general and the surgeons in particular, than they were before. Inhibited in their normal reactions by their fears, they have become more secretive, more unapproachable and altogether more difficult to handle.

They know that going to the average physician or surgeon means an operation. They know too, many of them, that an operation does not mean cure. They discount all of the assurances, encouragements and suggestions (not promises) of cure made by the surgical propagandists. They double discount the "cures" performed by surgery. For there are few among them who have not known or heard of some one, perhaps in their own circle, who was unsuccessfully operated for cancer. Likewise, they have heard of cases that have been cured medically without resort to the knife. There are few who can be led to really believe that warts, moles, and swollen glands may develop into cancer. They have seen too many of these disappear of themselves or under simple domestic treatment, to be hoaxed into any such belief.

For the most part these people are right and quite justified in their antagonistic attitude toward the surgical propagandists in this matter. They are suspicious and have a right to be suspicious of ulterior motive, principally mercenary and partly political. The reasons for this suspicion are as plain as the nose on a man's face.

> Taken altogether the current cancer campaign is about the coldest blooded, cruelest, most arrogant and presumptuous campaign ever attempted by Official Medicine. With nothing to offer but mechanical and local measures which have been proved ineffectual and worse...

> The bigotry, selfishness, cold-bloodedness and cruelty of such a campaign becomes obvious when it is known that statistics prove the constantly and rapidly increasing extension and terrific mortality of cancer under the mode of treatment they advocate.

The general reaction to the high handed course of official medicine is interesting, to say the least. It has been adverted to in this Department a number of times. But one of the recent special reactions is more than interesting. It is highly significant, inasmuch as it marks the development of an organized counter-attack on modern lines of strategy. Outraged medical and humane feeling is once more crystalizing rapidly, as it did more primitively during the early days of homœopathy.

In the Koch Cancer Foundation, the American Medical Association will soon have, if it has not already, a foe worthy of its steel. For more than a year now a copy of its ably edited Bulletin has gone monthly to every physician in the United States and Canada. Doubtless it has been read, for the Bulletin claims for the Foundation a membership already of more than three thousand physicians who are using the Koch Synthetic Anti-toxin in their cancer cases, and that the number is rapidly increasing. Certainly that is "going some."

The originator of the Koch synthetic cancer antitoxin was in a very intimate personal relation for several years with a widely known homœopathic physician and author in the early days of his researches. From this physician he received moral support and encouragement, and possibly some helpful scientific suggestions. This physician is supporting the Foundation today.

Probably the homœopathic school at large has its proportionate numerical representation in the membership of the Koch Cancer Foundation. It would not be surprising if it were true.

Without doubt the A. M. A. is aware of the existence of the Koch Cancer Foundation. Dr. Koch personally has received its delicate attentions. Plans for dealing with the Foundation are doubtless being prepared and the combatants will soon be in the ring.

It will be a pretty fight. We who are to witness it from the homœopathic section of the arena can well afford to keep our seats and cheer the challenger every time he makes a rally or puts over a punishing punch. May the best man win.

In the meantime what is to prevent us from reviewing the cancer situation from the homœopathic standpoint, going into training and getting into good condition for a renewed fight with the common enemy along well established lines? For us at least the serum and antitoxin theories can wait a while before we ac-

cept them without compromise or modification, since we have very efficient weapons of our own if we are reasonably expert in their use.

Scientific proof of the constitutional nature and basis of cancer is conclusive. Experience and logic alike prove that cancer does not and can not yield to local treatment. Nothing constructive has ever been gained by such measures. They never cure.

The British Medical Journal, October, 1923, said: "Can there be any doubt that in many respects the knife as a cure for cancer has been a ghastly failure?"

Sir James Paget acknowledged that surgery cannot even be given the credit of prolonging life, to say nothing about saving life. He said: "I am not aware of a single case of recovery."

Dr. Mayo has been quoted as saying: "After amputation of a cancerous breast under the most favorable circumstances (in the early case where the lump is small as a bean or a hickory nut and accessible) I believe that in ninety-nine cases out of one hundred, the disease returns."

Dr. McFarlan, Professor of Surgery in the University of Glasgow, wrote: 'The operation never arrests, but uniformly accelerates the progress of the disease.'

Dr. Francis Carter Wood, Vice-President of the American Association for the Control of Cancer, in discussion at the convention of 1925, said: "Radium will not cure cancer. It only destroys cancerous tissue within a certain radius, but does not drive the disease from the blood." (A significant double admission.)

The ghastly dangers and total failures of X-ray to cure cancer are so well know now that it is only necessary to mention and condemn it.

In view of these and innumerable similar statements which might be presented, are we not justified in characterizing the "cancer campaign" as arrogant, cruel, selfish, bigoted, pessimistic and hopeless?

Has homœopathy anything better to offer a long-suffering public? It must be admitted that a cursory review of the homœopathic literature on cancer is not especially exhilarating. One feels that,

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as a school, we have not much to boast about. It is clear that we have not done as well as we might have done. Of the many cases reported as cured only a few show anything like technical mastery of the subject. Verification of diagnosis is often neglected. Only a few cases are treated systematically and consistently with due regard to the technique of scientific homœopathic prescribing. Vacillation, confusion and uncertainty in the choice and management of remedies is only too evident in the majority of cases. Little or no attention is paid to rational auxiliary, especially dietetic, treatment. Consequently there have been far more failures than successes. Probably this is one reason why the homœopathic vocalists are "singing small," or keeping silent. They are not proud of their record as a whole and many of them doubt their own competency—as well they may.

And yet this is no reason for being silent about the possibilities of homœopathy, nor about the cases in which it has been successful. The situation is much like that in which Mark Twain (or was it Bernard Shaw?) after listening to a scathing denunciation of Christianity, acidly remarked: "Why condemn Christianity? It has never been tried."

Look at the way homœopathy has been muddled and perverted by its nominal followers!

Cancer cases have been cured by homœopathic treatment—many of them. Cancer cases can be and are being cured by medication by men who have shaken themselves free from the hypnotic suggestions of surgical mesmerisers and from hide-bound tradition. They have faced their cancer cases courageously, studied them and the literature of the subject with open minds, chosen the medicines to be used according to their best judgment, laid out their general plan of treatment, and stuck to it.

Almost as important as technical proficiency in such cases are the moral qualities of faith, courage, patience, bulldog tenacity of purpose "sticktoitiveness." These are the personal qualities that help to win out in the long run, even when the measures employed are below the standard of scientific accuracy. With a fair amount of therapeutic knowledge, intelligence and common sense, plus the desire and will to succeed, these qualities make up to some extent for technical shortcomings, because their possessors, consciously or unconsciously, thereby draw upon the primary source and

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supply of healing energy in Nature, available for them and their patients through psychological channels. This is an advantage which no experienced physician will despise.

I hold no brief for medical mediocrity nor technical inefficiency, when I say that any physician with a fair degree of knowledge of medicines and how to select them homœopathically can learn how to cure cancer if he goes about it in the right way.

The first thing to do after one has made and substantiated a pathological diagnosis of cancer is to forget it. Thenceforth, if one expects to succeed, he will treat, not "cancer," but a cancer patient. If he has kept pace with the advance of modern ideas he will keep in mind the fact that the morbid condition confronting him, the disease itself, is carcinosis, of which the "cancer" or tumor is merely a product, a secondary local manifestation with which he is not directly concerned; that there is always a pre-cancerous stage represented by certain ailments or syndromes, and a diathesis represented by characteristic constitutional symptoms with which he is concerned. These are now fairly well known and classified by those who have studied the subject and published their findings. Broadly speaking, they include (for the homœopathician), practically all symptoms and modalities peculiar to the individual in whatever disease he may have had (differentiated from common symptoms and from ordinary diagnostic and secondary symptoms). They are to be diligently sought and recorded in as complete a clinical history of the case as it is possible to make.

This is absolutely necessary and of the highest importance for the homœopathician, because frequently in fully developed cases with secondary local pathology or "ultimates" present, few or none but common or secondary symptoms exist. These are of no value to the prescriber in selecting curative remedies. Only the primary dynamical or functional symptoms—those which represent the disease process in its active, formative phases, past or present, are reliable as a basis for curative treatment by medication.

All secondary symptoms resulting from the presence of pathological products, tumors, diseased or disabled organs, etc., must be excluded except so far as they reveal peculiar modalities. Otherwise the prescriber finds himself constantly "chasing the devil around a stump," caught in a vicious circle of misleading second-

ary symptoms. Like a squirrel in a whirling cage he is always going and never getting anywhere.

Ignorance of this fundamental principle has been the main cause of failure in the medical treatment, homœopathic or otherwise, of cancer cases—this, with ignorance of how to apply in the best way the general principle of

homœo&therapeutics, Similia Similibus Curantur, by which alone the curative medicine can be found.

The foregoing is all old, standard homœopathic doctrine which should be familiar to every practitioner. But having forgotten or neglected it, one must be reminded.

To repeat: Cases of cancer have been cured by many medicines used by men of many varying degrees of ability as prescribers. There should be no doubt about it. Hundreds of such cases have been published. Certainly, not all of the men who published them were liars, ignoramuses or fools. It matters not that many of these cases were not very skilfully treated, judged by a high technical standard; that they were zigzagged and muddled through; that medicines were given combined or in alternation, in crude dosage or low dilutions as well as in high potencies; that remedies were too frequently changed; that diet was ignored, and that silly and unnecessary adjuvants were used. The main point is that many of the patients got well. This proves, at least, that cancer is curable by homœopathic medication. Cures and failures alike are explainable with equal ease when the principles are understood. Success in treatment is exactly proportionate to the skill of the prescriber, the susceptibility of the patient and the stage or degree of malignancy of the disease.